

CAREFIRST COMMERCIAL - NON-RISK - SPC

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS Caremark at 866-249-6155. Please contact CVS Caremark at 866-814-5506 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of the medication.

Patient Information

Patient Name:	<input type="text"/>
Patient Phone:	<input type="text"/>
Patient ID:	<input type="text"/>
Patient Group:	<input type="text"/>
Patient DOB:	<input type="text"/>

Physician Information

Physician Name	<input type="text"/>
Physician Phone:	<input type="text"/>
Physician Fax:	<input type="text"/>
Physician Addr.:	<input type="text"/>
City, St, Zip:	<input type="text"/>

Drug Name (select from list of drugs shown)

Retacrit Procrit Epogen

Quantity:	_____	Frequency:	_____	Strength:	_____
Route of Administration:	_____	Expected Length of Therapy:	_____		
Diagnosis:	_____	ICD Code:	_____		
Comments:	_____				

Please check the appropriate answer for each applicable question.

- What is the patient's diagnosis?

Anemia due to chronic kidney disease (CKD) (If checked, go to 2)	<input type="checkbox"/>
Anemia due to myelosuppressive chemotherapy (If checked, go to 2)	<input type="checkbox"/>
Anemia in myelodysplastic syndrome (MDS) (If checked, go to 2)	<input type="checkbox"/>
Presurgical use to reduce allogeneic blood transfusions (If checked, go to 31)	<input type="checkbox"/>
Anemia in rheumatoid arthritis (If checked, go to 2)	<input type="checkbox"/>
Anemia due to hepatitis C treatment (If checked, go to 2)	<input type="checkbox"/>
Anemia due to zidovudine treatment in a patient with HIV infection (If checked, go to 2)	<input type="checkbox"/>
Anemia in patients whose religious beliefs forbid blood transfusions (If checked, go to 2)	<input type="checkbox"/>
Anemia in primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis (If checked, go to 2)	<input type="checkbox"/>
Anemia due to cancer (If checked, go to 2)	<input type="checkbox"/>
Other, please specify. (If checked, no further questions)	_____
- Will the requested medication be used concomitantly with other erythropoiesis stimulating agents (ESAs)?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>
---	--------------------------	---	--------------------------
- Has the patient received erythropoiesis stimulating agent (ESA) therapy in the previous month (within 30 days of request)?

Y	<input type="checkbox"/>	N	<input type="checkbox"/>
---	--------------------------	---	--------------------------

4.	Has the patient completed at least 12 weeks of erythropoiesis stimulating agent (ESA) therapy? Indicate therapy start date and number of weeks completed.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<hr/>					
5.	At any time since the patient started ESA therapy, has the patient's hemoglobin (Hgb) increased by 1 g/dL or more?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
6.	At any time since the patient started ESA therapy, has the patient's hemoglobin (Hgb) increased by 1 g/dL or more?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
7.	Has the patient been assessed for iron deficiency anemia?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
8.	What is the most recent serum transferrin saturation (TSAT) level? Indicate percentage.				
	Less than 20% (If checked, go to 10)				<hr/>
	Greater than or equal to 20% (If checked, go to 9)				<hr/>
	Unknown (If checked, go to 10)		<input type="checkbox"/>		
<hr/>					
9.	Was the most recent serum transferrin saturation (TSAT) level obtained within the prior 3 months? Indicate date lab was drawn.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<hr/>					
10.	Is the patient receiving iron therapy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
11.	What is the patient's diagnosis?				
	Anemia due to chronic kidney disease (CKD) (If checked, go to 15)		<input type="checkbox"/>		
	Anemia due to myelosuppressive chemotherapy (If checked, go to 12)		<input type="checkbox"/>		
	Anemia in myelodysplastic syndrome (MDS) (If checked, go to 15)		<input type="checkbox"/>		
	Anemia in rheumatoid arthritis (If checked, go to 15)		<input type="checkbox"/>		
	Anemia due to hepatitis C treatment (If checked, go to 13)		<input type="checkbox"/>		
	Anemia in patients whose religious beliefs forbid blood transfusions (If checked, go to 15)		<input type="checkbox"/>		
	Anemia due to zidovudine treatment in a patient with HIV infection (If checked, go to 14)		<input type="checkbox"/>		
	Anemia in primary myelofibrosis, post-polycythemia vera myelofibrosis, or post essential thrombocythemia myelofibrosis (If checked, go to 15)		<input type="checkbox"/>		
	Anemia due to cancer (If checked, go to 17)		<input type="checkbox"/>		
12.	Does the patient have a non-myeloid malignancy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
13.	Is the patient currently receiving treatment with ribavirin in combination with either interferon alfa or peginterferon alfa?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
14.	Is the patient currently receiving a zidovudine-containing medication?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
15.	What is the patient's current hemoglobin (Hgb) level (exclude values due to a recent transfusion)?				
	Less than 12 g/dL (If checked, go to 16)		<input type="checkbox"/>		
	Greater than or equal to 12 g/dL (If checked, no further questions)		<input type="checkbox"/>		
	Unknown (If checked, no further questions)		<input type="checkbox"/>		
<hr/>					
16.	Was the patient's current hemoglobin (Hgb) level drawn within 30 days of the request (exclude values due to a recent transfusion)? Indicate date lab was drawn.				
	Yes (If checked, no further questions)				<hr/>
	No (If checked, no further questions)				<hr/>
	Unknown (If checked, no further questions)		<input type="checkbox"/>		
<hr/>					
17.	Is the patient undergoing palliative treatment?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
18.	Has the patient been assessed for iron deficiency anemia?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
19.	What is the most recent serum transferrin saturation (TSAT) level? Indicate percentage.				
	Less than 20 % (If checked, go to 21)				<hr/>

	Greater than or equal to 20% (If checked, go to 20)			
	Unknown (If checked, go to 21)		<input type="checkbox"/>	
20.	Was the most recent serum transferrin saturation (TSAT) level obtained within the prior 3 months? Indicate date lab was drawn.	Y	<input type="checkbox"/>	N <input type="checkbox"/>
<hr/>				
21.	Is the patient receiving iron therapy?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
22.	What is the patient's diagnosis?			
	Anemia in chronic kidney disease (CKD) (If checked, go to 28)		<input type="checkbox"/>	
	Anemia due to myelosuppressive chemotherapy (If checked, go to 23)		<input type="checkbox"/>	
	Anemia in myelodysplastic syndrome (MDS) (If checked, go to 28)		<input type="checkbox"/>	
	Anemia in rheumatoid arthritis (If checked, go to 28)		<input type="checkbox"/>	
	Anemia due to hepatitis C treatment (If checked, go to 27)		<input type="checkbox"/>	
	Anemia due to zidovudine treatment in a patient with HIV infection (If checked, go to 24)		<input type="checkbox"/>	
	Anemia in patients whose religious beliefs forbid blood transfusions (If checked, go to 28)		<input type="checkbox"/>	
	Anemia in primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis (If checked, go to 26)		<input type="checkbox"/>	
	Anemia due to cancer (If checked, go to 30)		<input type="checkbox"/>	
23.	Does the patient have a non-myeloid malignancy?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
24.	Is the patient currently receiving treatment with a zidovudine-containing medication?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
25.	What is the patient's pretreatment serum erythropoietin (EPO) level?			
	Less than or equal to 500 mU/mL (If checked, go to 28)		<input type="checkbox"/>	
	Greater than 500 mU/mL (If checked, no further questions)		<input type="checkbox"/>	
	Unknown (If checked, no further questions)		<input type="checkbox"/>	
26.	What is the patient's pretreatment serum erythropoietin (EPO) level?			
	Less than 500 mU/mL (If checked, go to 28)		<input type="checkbox"/>	
	Greater than or equal to 500 mU/mL (If checked, no further questions)		<input type="checkbox"/>	
	Unknown (If checked, no further questions)		<input type="checkbox"/>	
27.	Is the patient currently receiving treatment with ribavirin in combination with either interferon alfa or peginterferon alfa?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
28.	What is the patient's pretreatment hemoglobin (Hgb) level (exclude values due to a recent transfusion)?			
	Less than 10 g/dL (If checked, go to 29)		<input type="checkbox"/>	
	Greater than or equal to 10 g/dL (If checked, no further questions)		<input type="checkbox"/>	
	Unknown (If checked, no further questions)		<input type="checkbox"/>	
29.	Was the patient's pretreatment hemoglobin (Hgb) level drawn within 30 days of the request (exclude values due to a recent transfusion)? Indicate date lab was drawn.	Y	<input type="checkbox"/>	N <input type="checkbox"/>
<hr/>				
30.	Is the patient undergoing palliative treatment?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
31.	Will the requested drug be used concomitantly with other erythropoiesis stimulating agents (ESAs)?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
32.	Has the patient been assessed for iron deficiency anemia?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
33.	What is the most recent serum transferrin saturation (TSAT) level? Indicate percentage.			
	Less than 20% (If checked, go to 35)			<hr/>
	Greater than or equal to 20% (If checked, go to 34)			<hr/>

Unknown (If checked, go to 35)

☐

34. Was the most recent serum transferrin saturation (TSAT) level obtained within the prior 3 months? Indicate date lab was drawn. **Y** ☐ **N** ☐
-

35. Is the patient receiving iron therapy? **Y** ☐ **N** ☐

36. Is the patient scheduled to have an elective, noncardiac, nonvascular surgery? **Y** ☐ **N** ☐

37. What is the patient's pretreatment hemoglobin (Hgb) level (exclude values due to a recent transfusion)?

Less than or equal to 13g/dL (If checked, go to 38)

☐

Greater than 13g/dL (If checked, no further questions)

☐

Unknown (If checked, no further questions)

☐

38. Was the patient's pretreatment hemoglobin (Hgb) level drawn within 30 days of the request (exclude values due to a recent transfusion)? Indicate date lab was drawn.

Yes (If checked, no further questions)

No (If checked, no further questions)

Unknown (If checked, no further questions)

☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.